

STAFF WITNESS

NAME & TITLE (PRINTED)

INMATE FINANCIAL RESPONSIBILITY PROGRAM **INMATE FINANCIAL PLAN**

INMATE NAME: RODRIGUES, GARY WAYNE REGISTER NUMBER: 88056-022 A STAFF MEMBER HAS PROVIDED ME WITH INFORMATION REGARDING THE POTENTIAL CONSEQUENCES OF REFUSAL ON MY PART TO PARTICIPATE IN THE INMATE FINANCIAL RESPONSIBILITY PROGRAM. I AGREE TO SUBMIT PAYMENTS TOWARD SATISFACTION OF THE FINANCIAL OBLIGATION(S) INDICATED ON THIS FORM IN ACCORDANCE WITH THE PAYMENT PLAN OUTLINED BELOW. I AGREE TO HAVE FUNDS AUTOMATICALLY WITHDRAWN FROM MY ACCOUNT. I AGREE TO FOLLOW THIS PAYMENT PLAN UNTIL THE FINANCIAL OBLIGATION(S) IS SATISFIED. I FURTHER UNDERSTAND THAT THE PAYMENT PLAN WILL AUTOMATICALLY STOP AND NO FUNDS WILL BE WITHDRAWN FROM MY ACCOUNT IN THE EVENT THAT I AM PERMANENTLY RELEASED FROM MY PRESENT INSTITUTION OF CONFINEMENT. IN THE EVENT THAT I AM RELEASED PURSUANT TO A WRIT (INCLUDING A REQUEST FOR TEMPORARY CUSTODY PURSUANT TO THE INTERSTATE AGREEMENT ON DETAINERS) THE PLAN WILL NOT TERMINATE UNLESS I NOTIFY UNIT STAFF THAT UPON COMPLETION OF ANY PAYROLL/DEDUCTION CYCLES IN PROGRESS AT THE TIME I LEAVE THE INSTITUTION I WISH THE PLAN TO TERMINATE. FINANCIAL OBLIGATIONS OWED: OBLIGATION TYPE: ASSESSMENT FINE RESTITUTION DATE OBLIGATION IMPOSED: 9-30-03 OBLIGATION AMOUNT: 10,100.00 50,000.00 378.103.63 BALANCE: 438.203.63 PAYMENT AGREEMENT: * PAYMENTS WILL BE WITHDRAWN FROM YOUR TCI ACCOUNT ON THE SECOND MONDAY OF EACH MONTH FOR WHICH THERE IS A PAYMENT DUE. * I HEREBY AGREE TO THE FOLLOWING PAYMENT ARRANGEMENTS: PAYMENT AMOUNT: 25.00 FREQUENCY OF PAYMENTS: QUARTERLY **BEGINNING DATE OF PAYMENTS: 3-10-08** ADDRESS FOR PAYMENTS TO BE SENT TO: US COURT DIT OF HAWAII PJKK FEDERAL BLDG-RM 6100 300 ALA MOANA BLVD. HONOLULU, 1:01CR00078-001 **GARY WAYNE RODRIGUES** INMATE NAME (PRINTED) MMATE SIGNATURE This area must be filled out and dated !!!!!! By staff and inmate!!!! T FARIAS

FXHIBIT

TCI- Business Office

SIGNATURE

Copy:

STAFF

Original: Central file /

CP-031

SIGNED

Copy: Inmate